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FM AMEMBASSY VIENTIANE  
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INFO RUCNASE/ASEAN MEMBER COLLECTIVE  
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RUEHBS/AMEMBASSY BRUSSELS 0311  
RUEHBY/AMEMBASSY CANBERRA 0979  
RUEHNE/AMEMBASSY NEW DELHI 0139  
RUEHFR/AMEMBASSY PARIS 0222  
RUEHRO/AMEMBASSY ROME 0105  
RUEHKO/AMEMBASSY TOKYO 1140  
RUEHCN/AMCONSUL CHENGDU 0196  
RUEHCHI/AMCONSUL CHIANG MAI 0517  
RUEHHK/AMCONSUL HONG KONG 7753  
RUEHIN/AIT TAIPEI 0125  
RUEAIIA/CIA WASHDC  
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STATE FOR G, AVIAN INFLUENZA ACTION GROUP (AMBASSADOR LANGE, PATTERSON), CA/OCS/ACS/EAP (VAUSE), EAP/EX, EAP/MLS, EAP/EP, INR, OES/STC (PBATES), OES/IHA (SINGER AND COMELLA), MED, DS/IP/EAP, AND H;

STATE PASS TO USAID FOR ANE AND GH (CARROLL, CLEMENTS, AND JENNINGS)

STATE PASS TO USTR (DBISBEE)

STATE PASS TO HHS/OGHA (WSTEIGER, EELVANDER, AND ABHAT)

USDA PASS TO APHIS

DEPARTMENT OF DEFENSE FOR OSD/ISA/AP (LSTERN)

BANGKOK FOR RMO, DCD, USAID (JMACARTHUR AND MBRADY)

ROME FOR FAO

PACOM ALSO FOR FPA HUSO

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EAID, ETRD, LA

SUBJECT: VIENTIANE EAC MEETING - HUMAN CASE OF AVIAN INFLUENZA

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1. (U) SUMMARY: Embassy Vientiane EAC met February 26 to discuss a WHO report of first-ever case of probable human infection of avian influenza (AI) in Laos. Samples from the patient have been sent for H5N1 confirmation, which is still pending. The Lao press is already highlighting this first "suspected" case. The EAC reviewed current AI tripwires and decided to draft a warden message.

2. (SBU) For Embassy Vientiane, the EAC saw three key differences with other human cases which have occurred in Southeast Asia: a) this case occurred in a district within Vientiane Municipality in close proximity to areas where Embassy officers live; b) this very small Embassy community has five new-born infants and one more baby expected this year; and c) the Embassy is heavily dependent on the Lao-Thai Friendship Bridge for land transportation to nearby medical

facilities in neighboring Thailand, and the potential that Thailand will close this bridge in response to a larger outbreak may be higher than previously assessed. END SUMMARY.

¶3. The Embassy EAC met February 26 to discuss avian influenza (AI) developments. The Ambassador had been notified during the weekend by Dr. Dong Il Ahn, WHO Representative in Laos, that the first human case of AI had been detected in Vientiane. The English-language Vientiane Times newspaper of Monday, February 26, carried the news - "First human case of bird flu suspected" - on its front page, and other local newspapers also highlighted the case.

#### The Case

¶4. (SBU) Embassy Vientiane's Infectious Disease Coordinator Dr. Andrew Corwin briefed the EAC on the details of this case. A 15-year-old girl on February 15 was brought by her family to Vientiane's Sethathirat Hospital for treatment. She had been exhibiting symptoms including difficulty breathing beginning on February 10. The family claimed she had had not contact with sick or dead chickens in the previous 14 days even though the family lived next door to a household where chickens had died February 1 of suspected H5N1 infection. Although the hospital is located within 5 kilometers of the AI "red zone" involved and despite extensive training about AI, the staff failed to check that the family lived in the "red zone" and did not diagnose possible AI. The patient was released.

¶5. (SBU) On February 17, the family took the girl across the border to a private clinic in Thailand's neighboring Nong Khai Province - where an AI outbreak in poultry has also been underway. She was exhibiting pneumonia-like symptoms of congestion and difficulty breathing. The private clinic doctor (thankfully) immediately initiated Tamiflu treatment. She was treated at the private clinic for three days and then referred to the Nong Khai Provincial

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Hospital on February 20. Two procedures have been done to help drain fluid from the girl's chest cavity. She is currently in ICU responding to treatment with very slight improvement. A leading epidemiology specialist from Bangkok is at the Nong Khai Provincial Hospital to help monitor treatment.

¶6. (SBU) Thai/Lao cooperation at this point appears to be excellent. A team from Nong Khai has visited Vientiane to inspect the neighborhood of the outbreak. There are ten households with 37 people involved. Of the 37, 20 were identified as close contacts of the girl and are being monitored daily for symptoms including rise in temperature.

¶7. (SBU) Testing in Vientiane on a sample taken from the girl has been inconclusive. Samples have been sent from Nong Khai to Bangkok for further testing, and we expect they will also be sent to NIID (Japan). Dr. Corwin, the Embassy's Infectious Disease Coordinator, was invited by Lao health officials to join them when they visited the Nong Khai Provincial Hospital. He was able to view the patient on a monitor screen. Dr. Corwin's expectation, based among other criteria on the speed of the pleurism involved, is that this case will likely be confirmed as AI.

#### EAC Meeting

¶8. (SBU) The EAC was pleased with the level of trust being placed in Dr. Corwin by both the Lao and Thai medical communities. The EAC decided to draft a warden message in coordination with Bangkok RMO McCoy and Embassy Bangkok. The text of message allows for alternative language to be used if the test results are confirmed. The EAC also decided to seek blanket country clearance and blanket orders for travel to Thailand to ensure Dr. Corwin can cross the border immediately as needed. (In this case, the DCM informed the Embassy Bangkok Duty Officer of Dr. Corwin's travel across the border.)

¶9. (SBU) Dr. Corwin will ask the Lao health authorities to issue weekly updates to all hospital emergency rooms and out-patient department listing all village and districts where AI outbreaks may

be occurring. The Embassy will issue an Admin Notice with latest AI information for our staff, repeat protective gear training for Embassy staff, and review shelter-in-place procedures for newer Embassy officers and their families. The Embassy will maintain close contact with the Vientiane International School. When RMO McCoy next visits Vientiane, she will be asked to provide an AI overview for the full Embassy staff. PDS will prepare press guidance about this case.

¶10. (SBU) The EAC noted that, while this appears to be the first

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known human AI case in Laos, other deaths or current illnesses may be linked to AI. The weakness of the Lao surveillance system, the prevalence of other diseases among poultry (such as Newcastle Disease and duck plague), the fear that reporting AI poultry deaths will cause a person to be identified by neighbors as the one who caused the culling of all poultry in the area, the lack of adequate compensation for culled poultry by the Lao Government, and the custom of many Lao families to cremate their dead without formal death reports all combine to make AI reporting - among poultry or among humans - difficult here.

¶11. (SBU) The EAC reviewed AI tripwires and found them still to be appropriate in general. However, the EAC did note several factors here that make this situation different from those faced elsewhere in the region. The current AI outbreak is happening within Vientiane Municipality, less than ten kilometers from the Embassy and less than five kilometers from Embassy homes. And among the Embassy staff of seventeen officers there have been five new-born children during the past six months. Another baby is expected this year. The effectiveness of Tamiflu on infants or on pregnant women is unclear.

¶12. (SBU) In addition, the EAC noted Dr. Corwin's additional information that the Nong Khai Provincial Hospital had considered releasing the patient because her Lao family was not covered by Thai health insurance and did not have enough money for the expensive ICU treatment required. The Nong Khai Governor intervened to prevent the release and ensure continued treatment in this case. However, this highlights the fact that ICU treatment is extremely expensive. The EAC expressed concern that the potential cost of treatment for Lao people flocking across the border to Thailand if human cases were to increase here might lead the Thai authorities to close the cross-Mekong Friendship Bridge earlier than might otherwise be the case - at a point of popular fear of a major outbreak rather than the actual occurrence of such an outbreak. The EAC agreed to watch AI developments very closely.

Comment

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¶13. (SBU) Clearly the 15-year-old girl's life was saved by the quick decision to start Tamiflu treatment by the doctor at the private clinic in Nong Khai. Despite extensive training and development of clear case criteria, the staff at Sethathirat Hospital did not make the AI link as it should have. Part of this was caused by the family's misstatement about exposure to dead chickens, but in real life situations, families will not always be willing to tell the truth about AI exposure. Even though the private clinic in Nong Khai referred the patient to the Provincial Hospital as a possible AI case, apparently the Provincial Hospital staff did not use

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protective gear when first treating her, so more training apparently needs to be done with hospital staffs on both sides of the border.

¶14. (SBU) The EAC was troubled by the three special factors mentioned above. This outbreak is close to home. The Embassy staff has very vulnerable members. And our land transportation and access to professional-level hospitals on the Thai side of the border is easily cut by a Thai decision to close the Friendship Bridge. The EAC expects its attention to the AI issue to remain high for the indefinite future.

